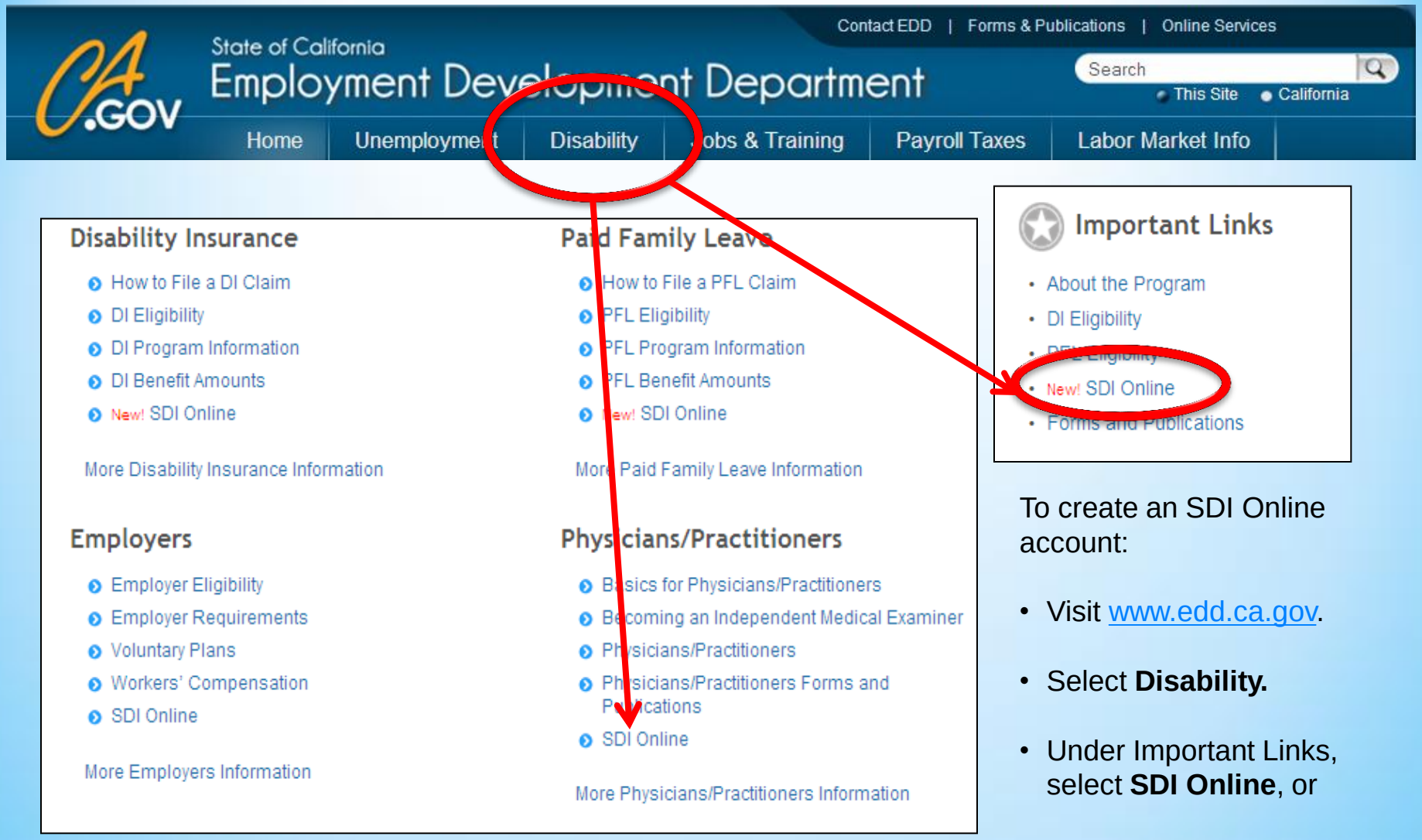
SDI Online Tutorial:
Physician/Practitioner Online Access Information

Overview

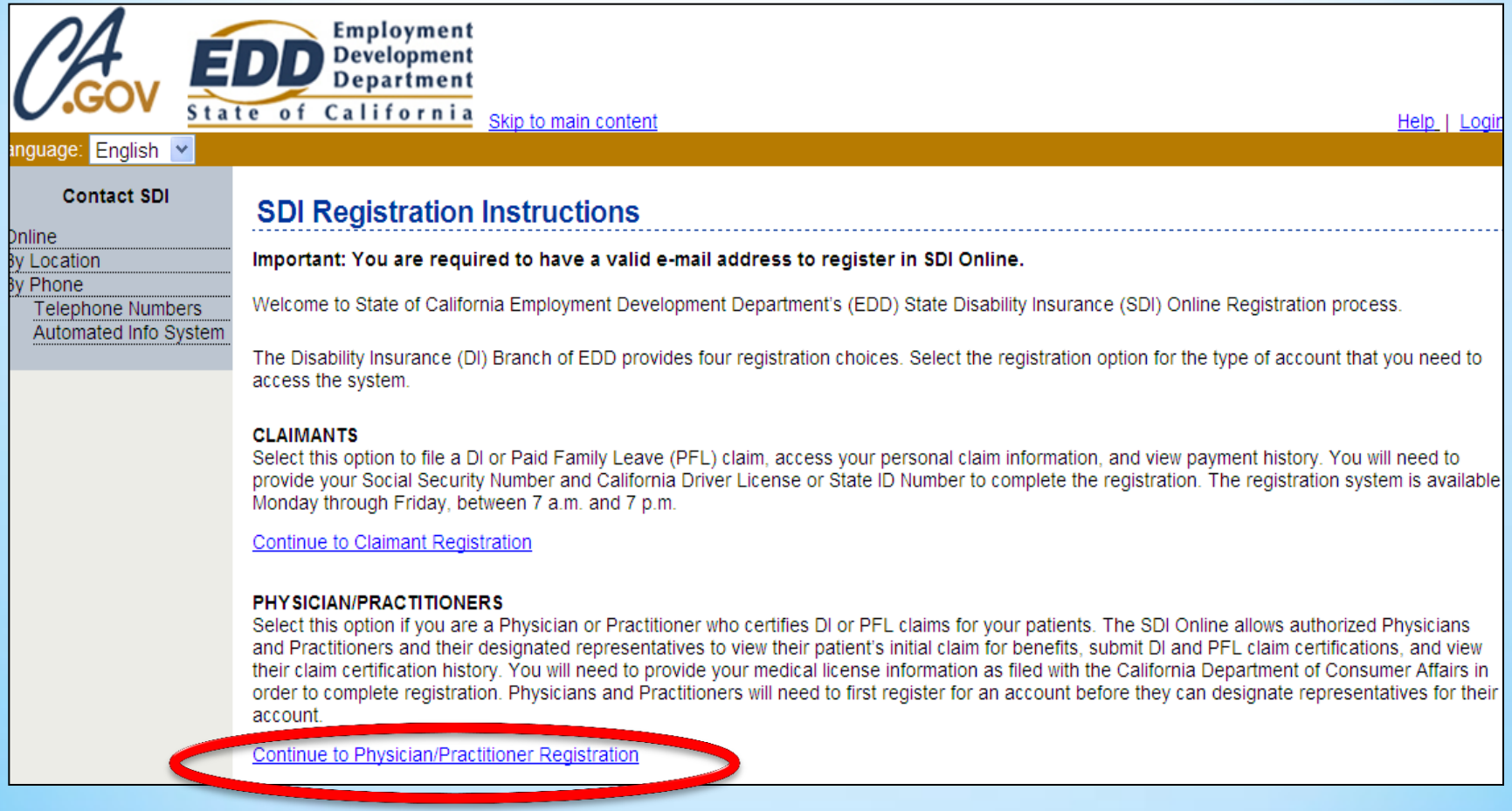
- Create an SDI Online Account
- Access SDI Online Accounts
- Add a Treatment Address
- Assign a Medical Representative
- Submit a DE 2501 Part B Certificate
- Submit a DE 2525xx Supplementary Certificate

Create an SDI Online Account

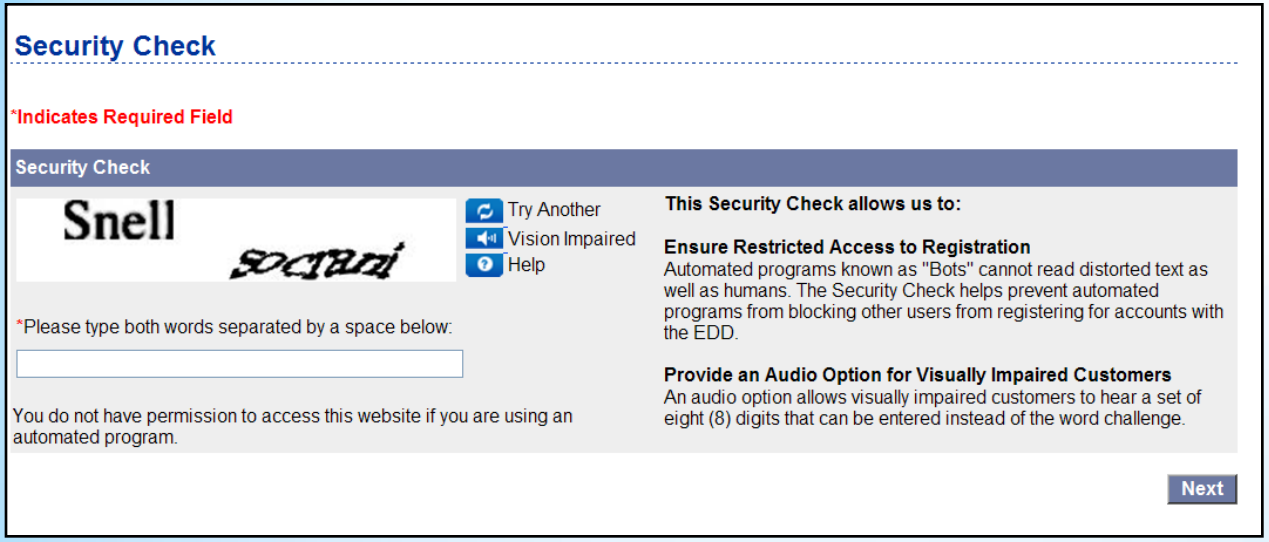


To create an SDI Online account:

- Visit www.edd.ca.gov.
- Select **Disability.**
- Under Important Links, select **SDI Online**, or
- Under Physician/Practitioners, select **SDI Online**.

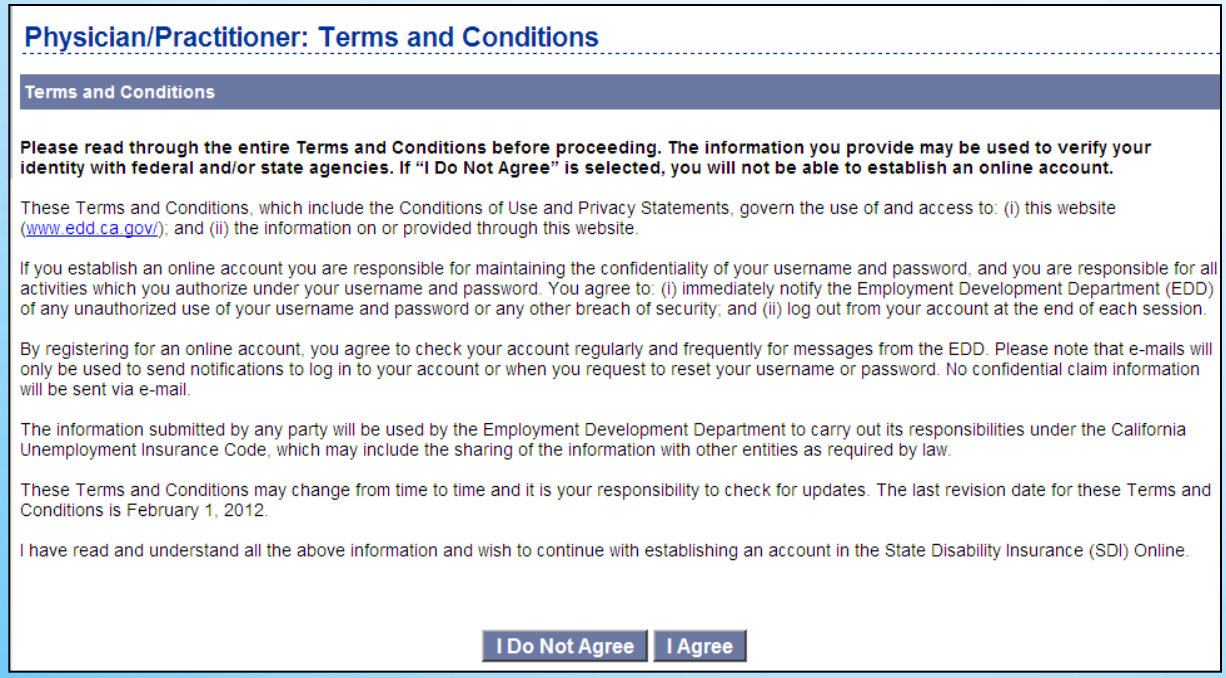


This will take you to the **SDI Registration Instructions** page. Select the **Continue to Physician/Practitioners Registration** hyperlink.



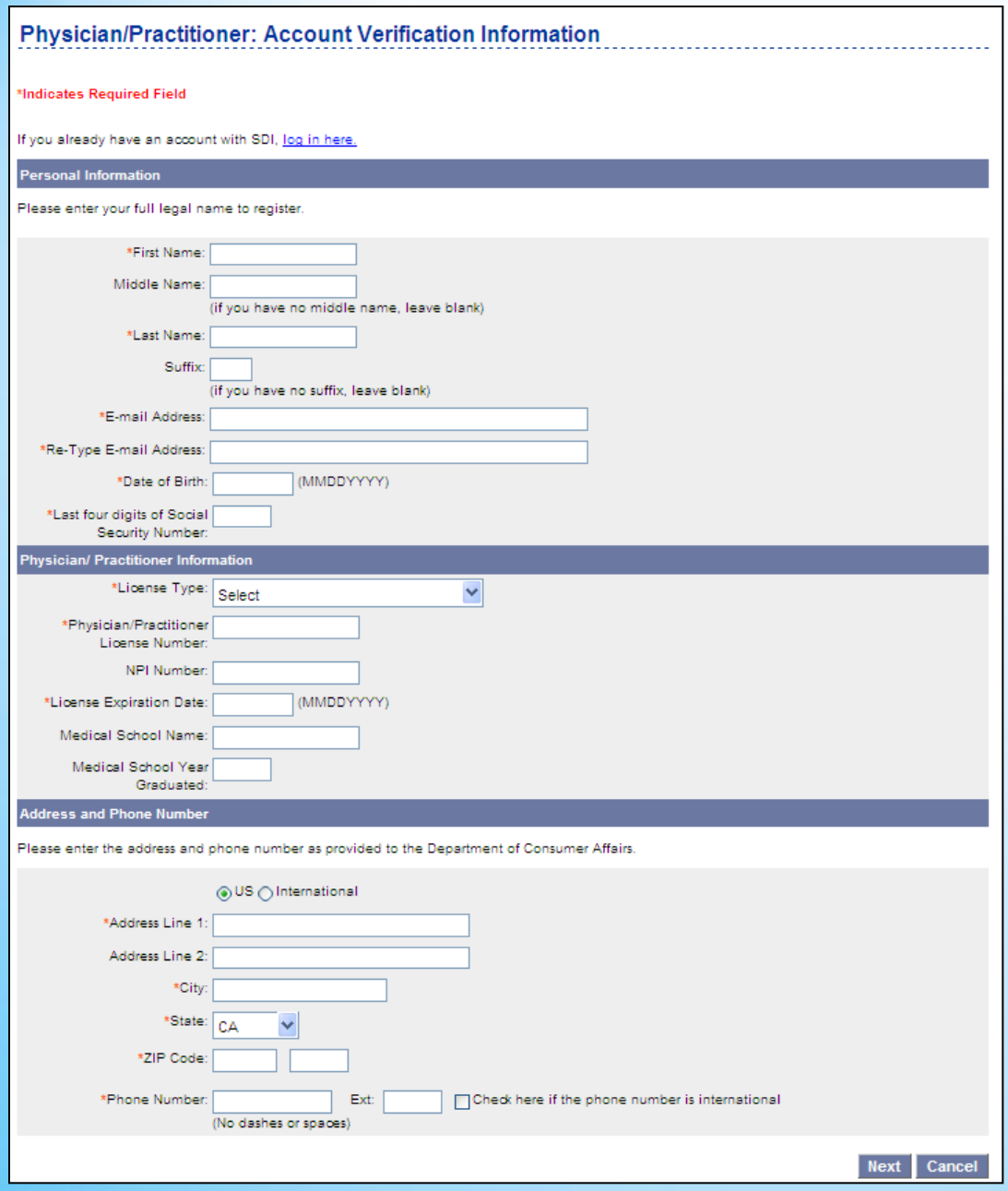
You will see the **Security Check** page requesting that you type the words shown in the text box.

- Then select the **Next** button on the bottom right. *(If you have difficulty viewing the words you can select the **Try Another** button located to the right of the word box.)*



Next you will see the **Physician/Practitioner: Terms and Conditions** page.

Scroll to the very bottom of the page once all the information has been read and select the **I Agree** button, located at the bottom of the page.



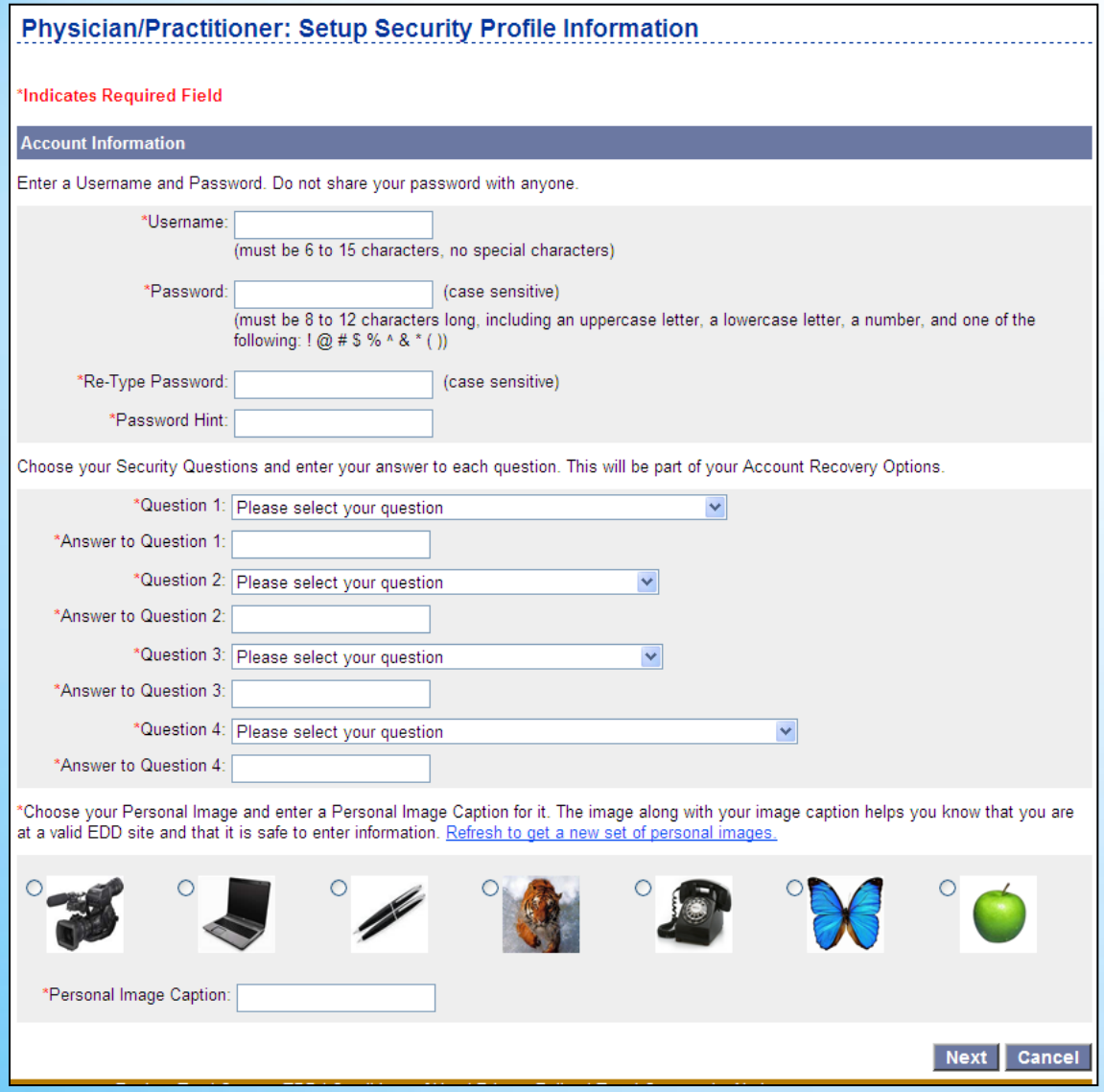
You will now be directed to the **Physician/Practitioner: Account Verification Information** page.

- Fill out all of the information requested. The red asterisks indicate required fields that **must** be completed. Once all the information is filled out, select the **Next** button located at the bottom right side of the page.

When creating an SDI Online account, remember to:

- Enter personal medical information as it appears in the registration with your Medical Board.
- Enter the mailing address the Medical Board has on file.

Note: the user will be able to add treatment addresses once the account is created.



The **Physician/Practitioner: Setup Security Profile Information** page will display. Once all information is filled out in each field:

- Select a Personal Image.
- Then enter a word or phrase of your choice in the Personal Image Caption box.

Once completed, select the **Next** button located at the bottom right side of the page.

Note: The SDI Online system will remember the computer used to log in. If the user accesses their account through a different computer, they will have to correctly answer to these security questions.

Be sure to make note of your Username, Password, Security Questions, and Personal Image to ensure easy access when using the SDI Online system.

You will arrive at the **Physician/Practitioner: Personal Profile Information** page.

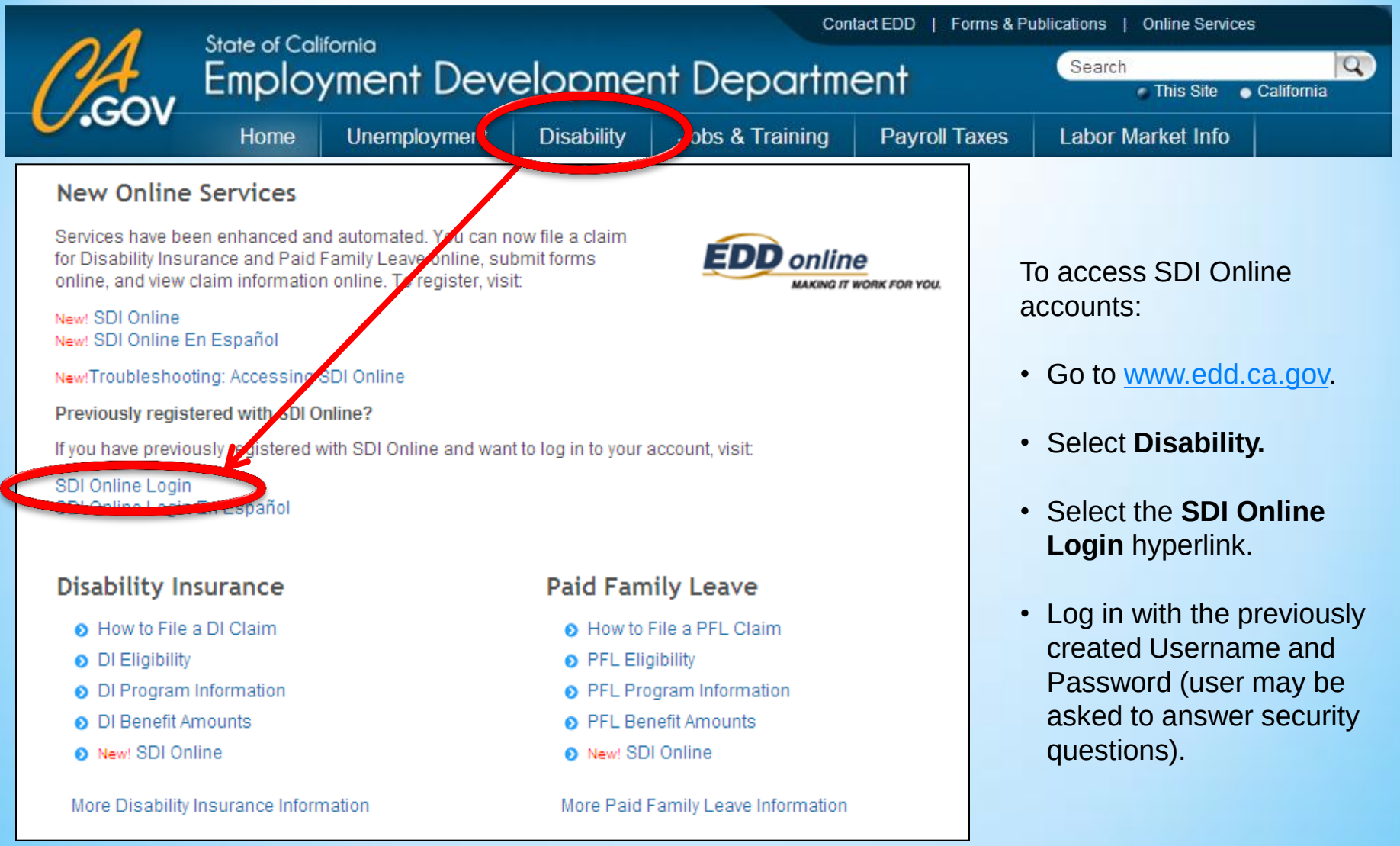
- Select your preferred method of communication.
- Select **Submit.**

You will arrive at the **Account Setup Confirmation** page where you will receive a Successful Account Creation Notification and an EDD Customer Account Number.

Congratulations! You are now registered with SDI Online.

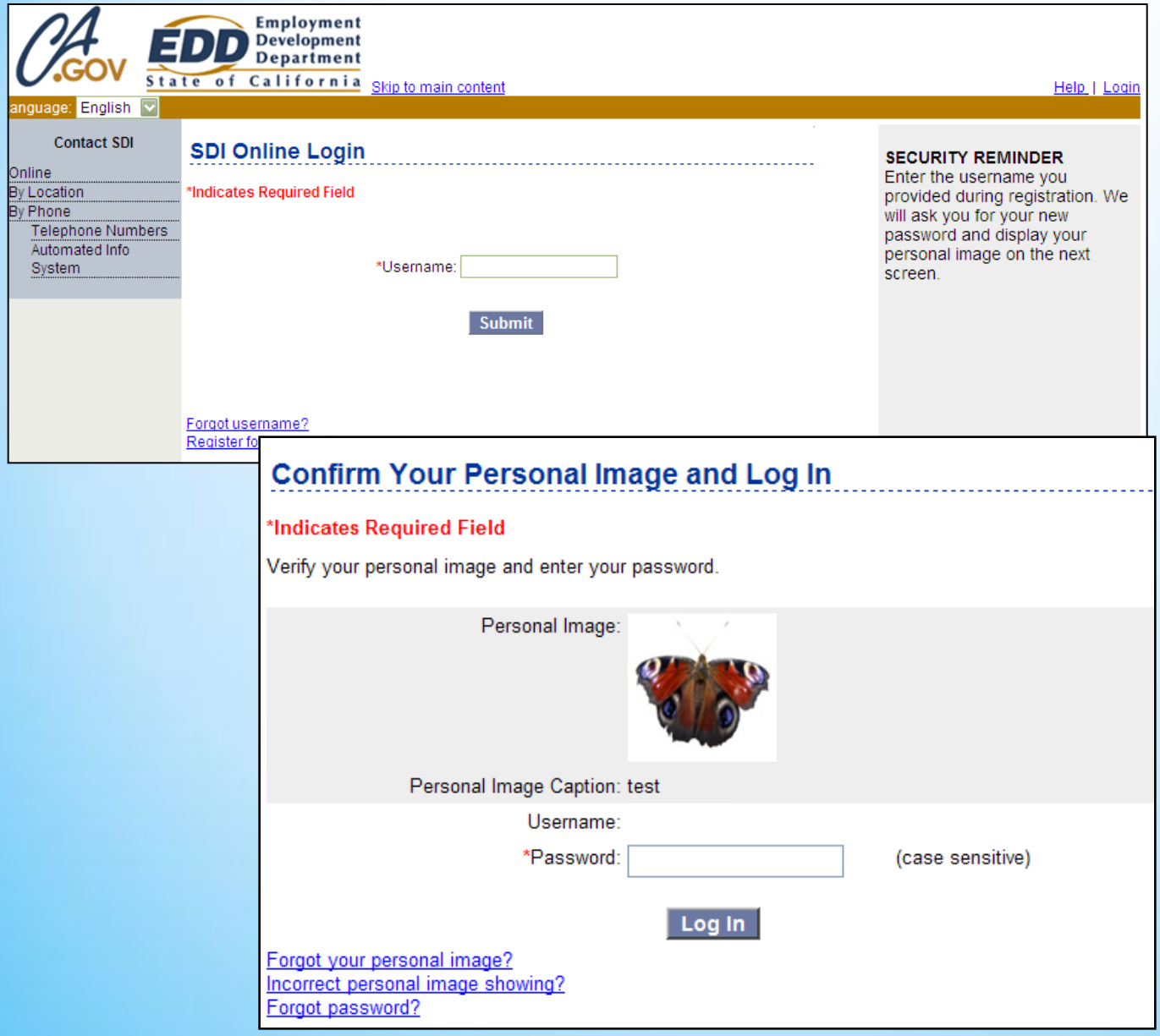
To log in to your account, select the **Login** button.

Access SDI Online Accounts



To access SDI Online accounts:

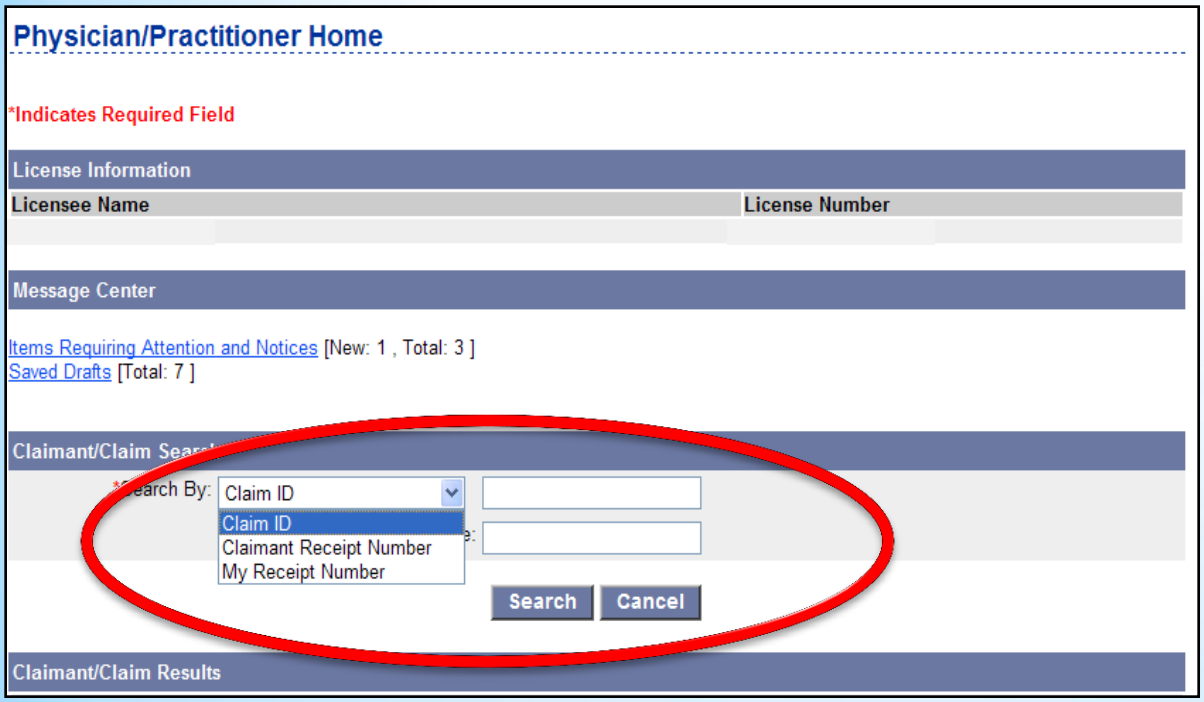
- Go to www.edd.ca.gov.
- Select **Disability.**
- Select the **SDI Online Login** hyperlink.
- Log in with the previously created Username and Password (user may be asked to answer security questions).



On the **SDI Online Login** page:

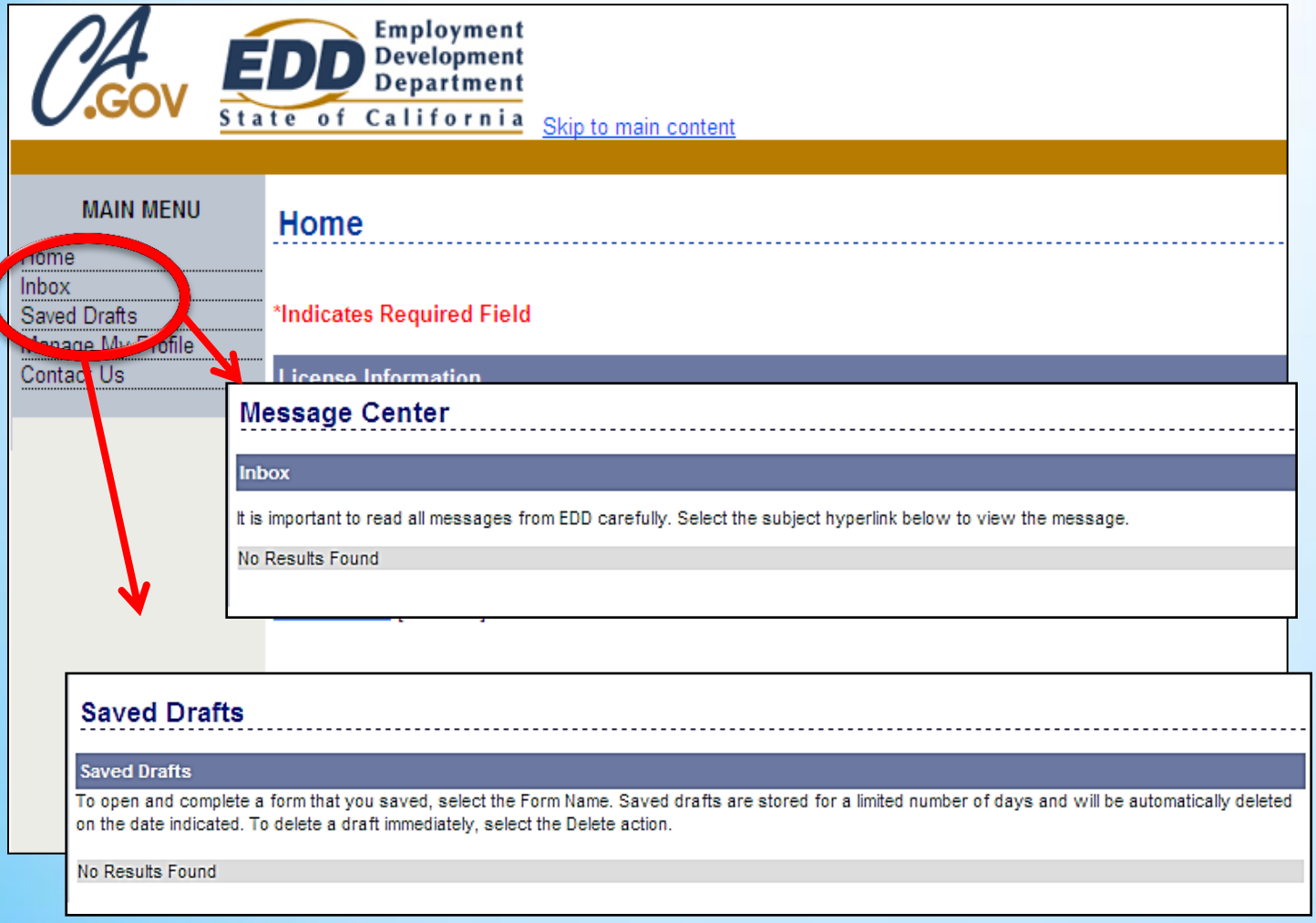
- Enter your Username and select the **Submit** button to be taken to the **Home** screen.
- Enter your Password on the next screen and select **Log In**.

Note: the Personal Image helps identify that the user has entered the correct Username.



At the **Home** page, under the Search section, the user can:

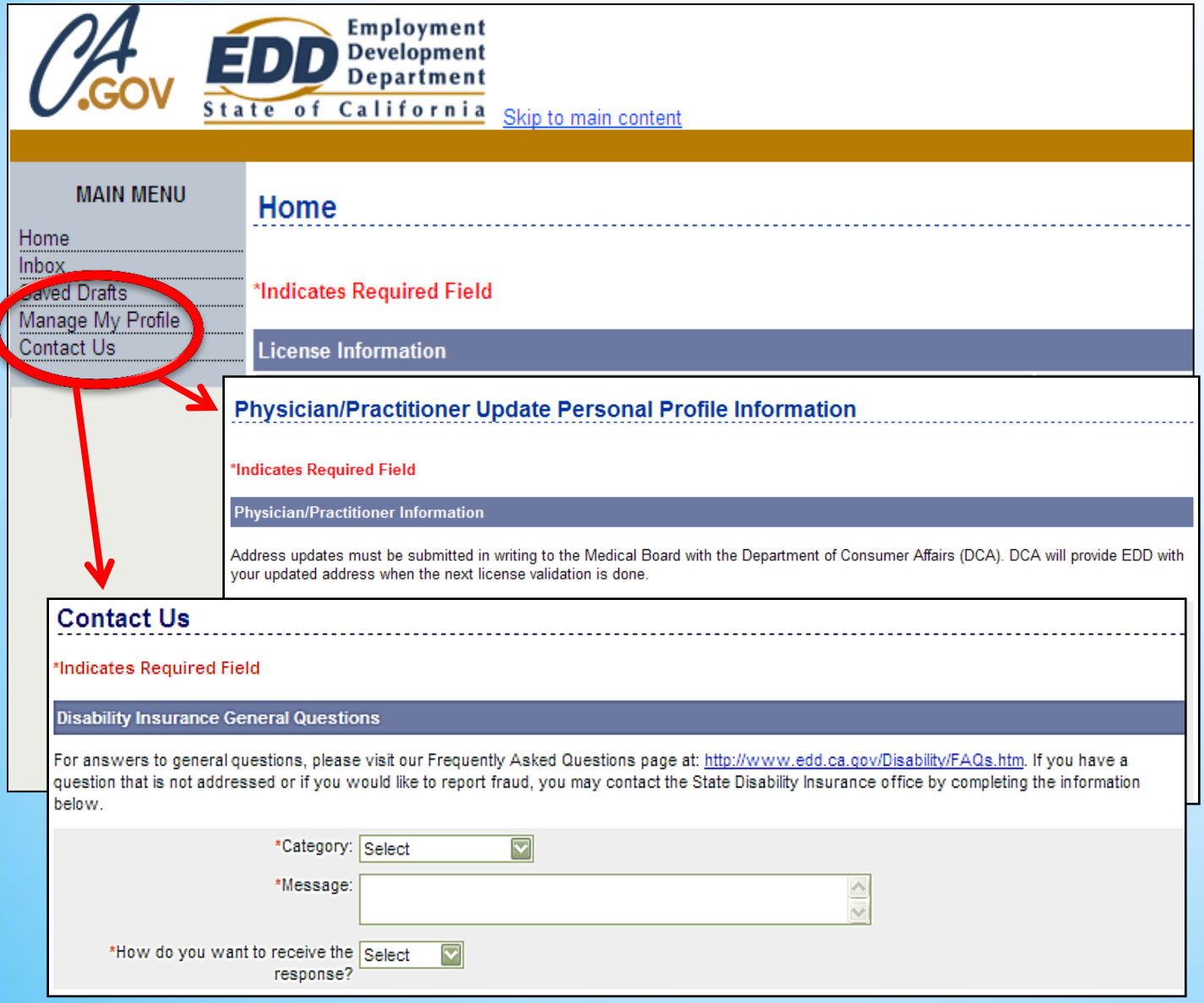
- Search by “Claim ID” to view forms to be submitted.
- Search by “My Receipt Number” to view the form submitted by the user.
- Search by “Patient Receipt Number” to submit a DE 2501 Part B Initial Claim form:
  - In order to submit the DE 2501 Part B online, the claimant must have submitted the DE 2501 Part A – Claimant Statement.
  - The user will need the claimant’s submission Receipt Number.
- The user must also enter the claimant’s last name to begin the search.



The Main Menu appears on most screens and has many options.

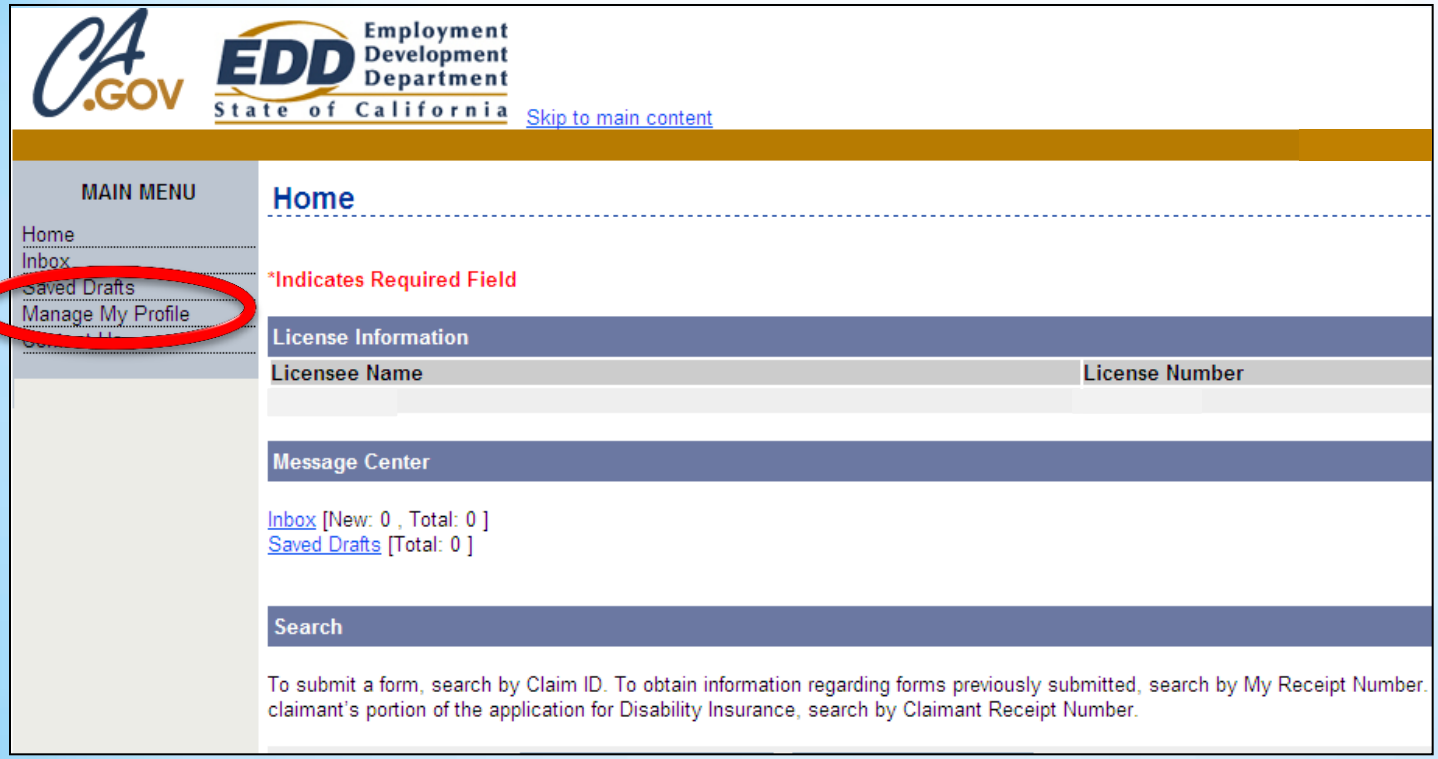
- **Inbox**: will take the user to the Message Center. The user will be able to access their messages from the EDD.
- **Saved Drafts**: users can see all the saved draft forms that have been started but have not yet been submitted to the EDD.

Note: forms in Saved Drafts will be deleted after 30 days.



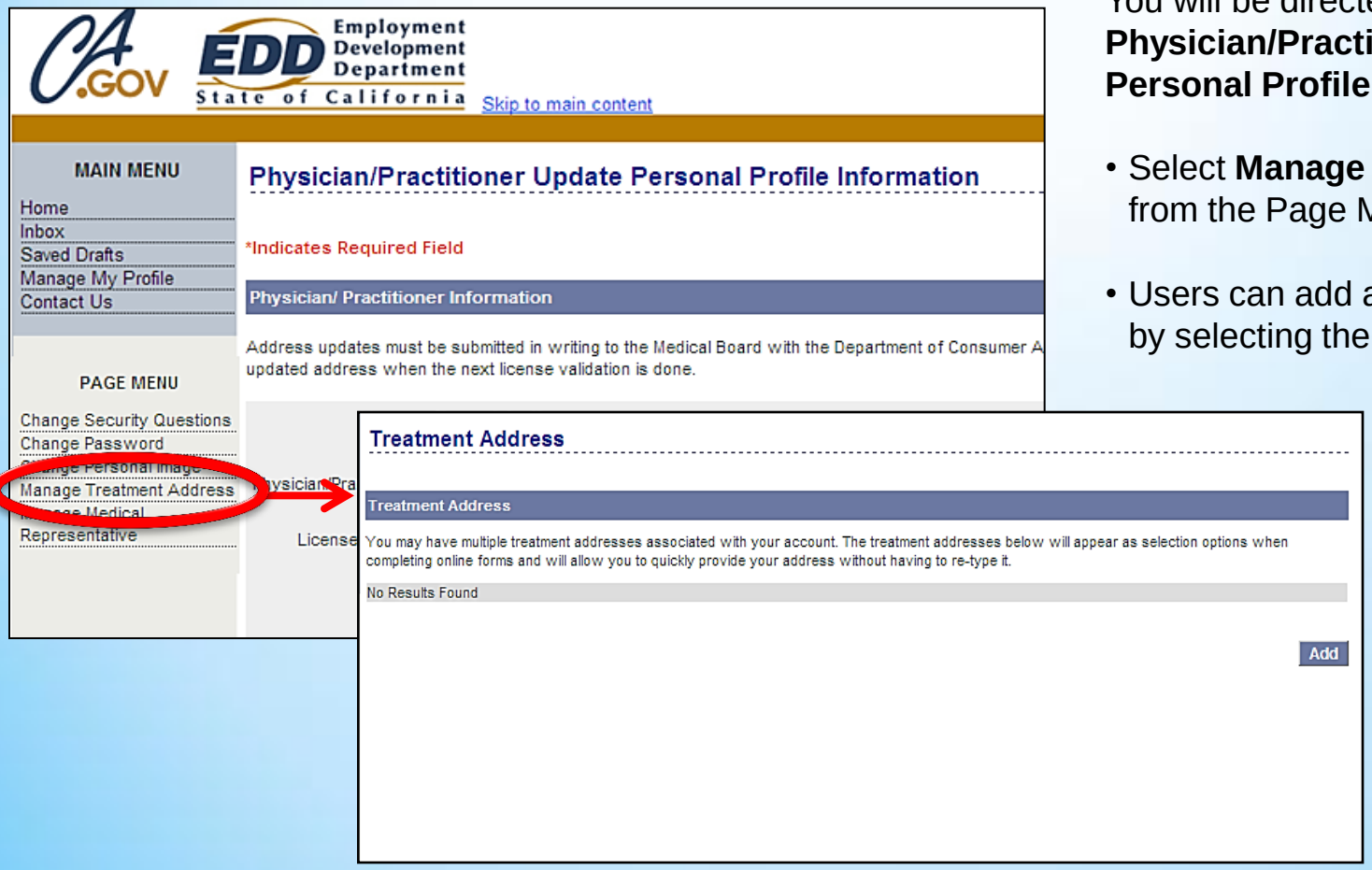
- **Manage My Profile:** users can update profile information, including treatment addresses and medical representatives.
- **Contact Us:** users are able to submit questions to the State Disability Insurance office. Responses will appear in the Inbox in the Message Center.

Add a Treatment Address



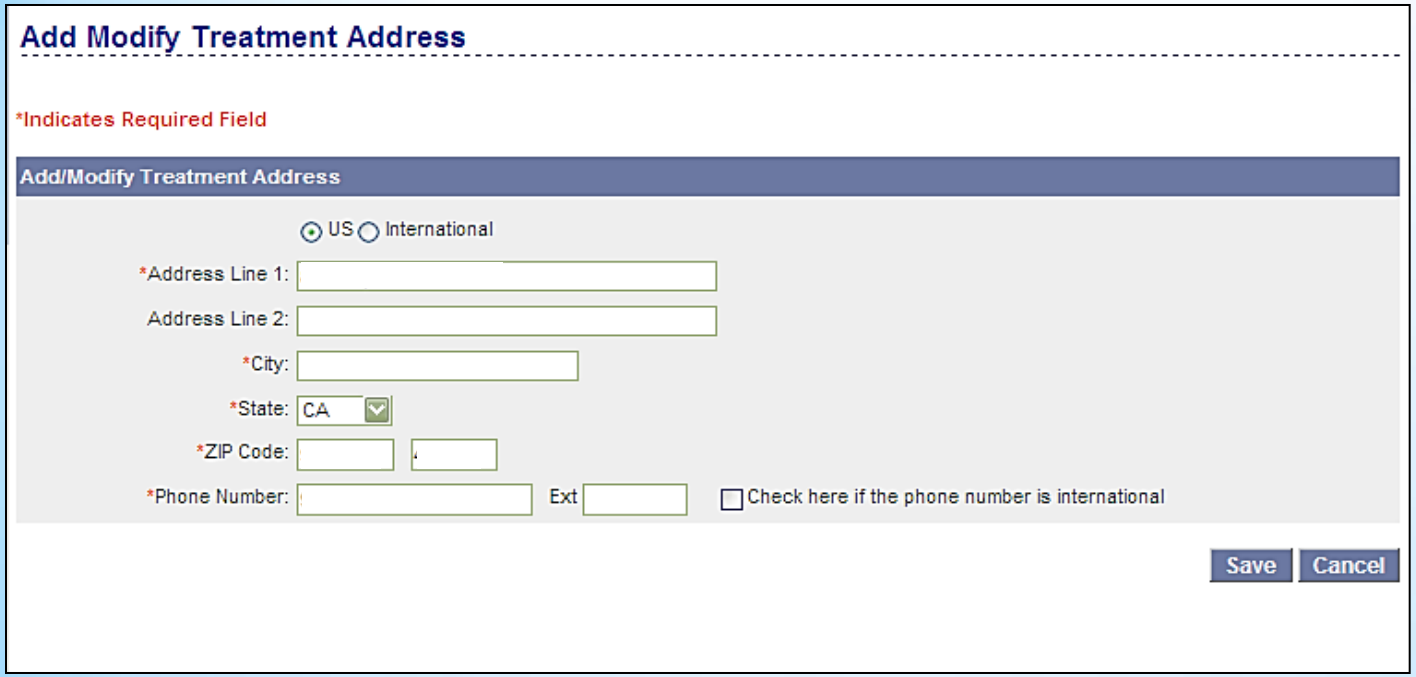
To add a treatment address:

- Select **Manage My Profile** under the Main Menu on the **Home** page.



You will be directed to the **Physician/Practitioner Update Personal Profile Information** screen.

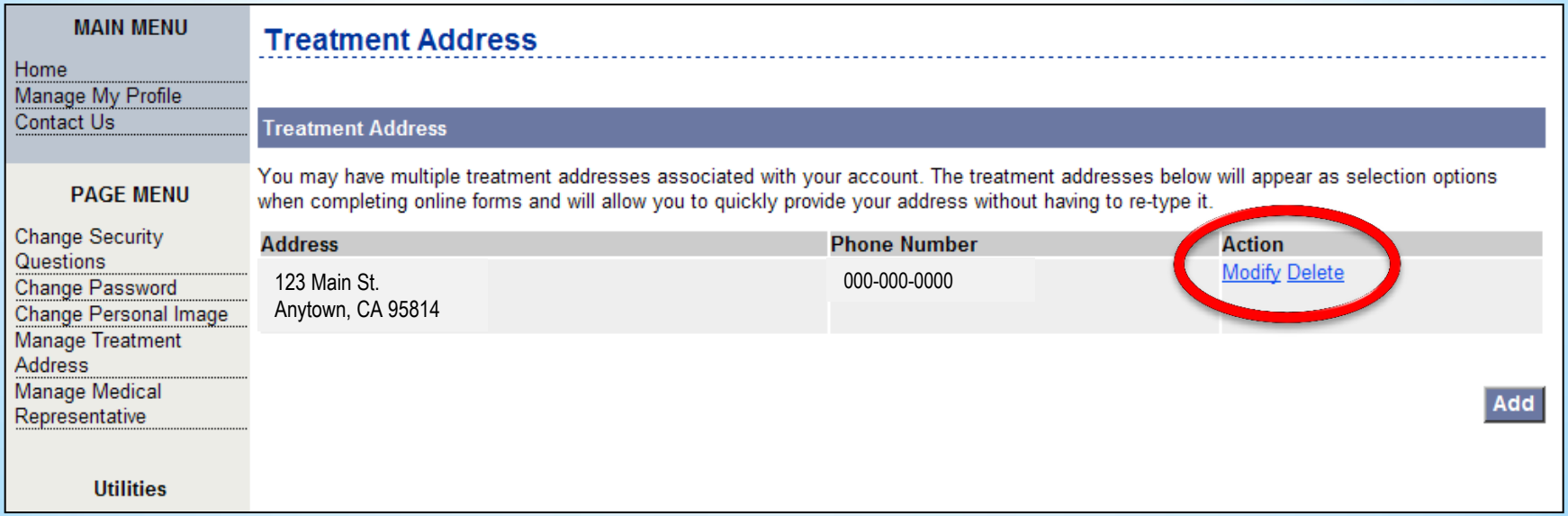
- Select **Manage Treatment Address** from the Page Menu.
- Users can add a treatment address by selecting the **Add** button.



On the **Add Modify Treatment Address** screen:

- Complete all fields and select **Save**.

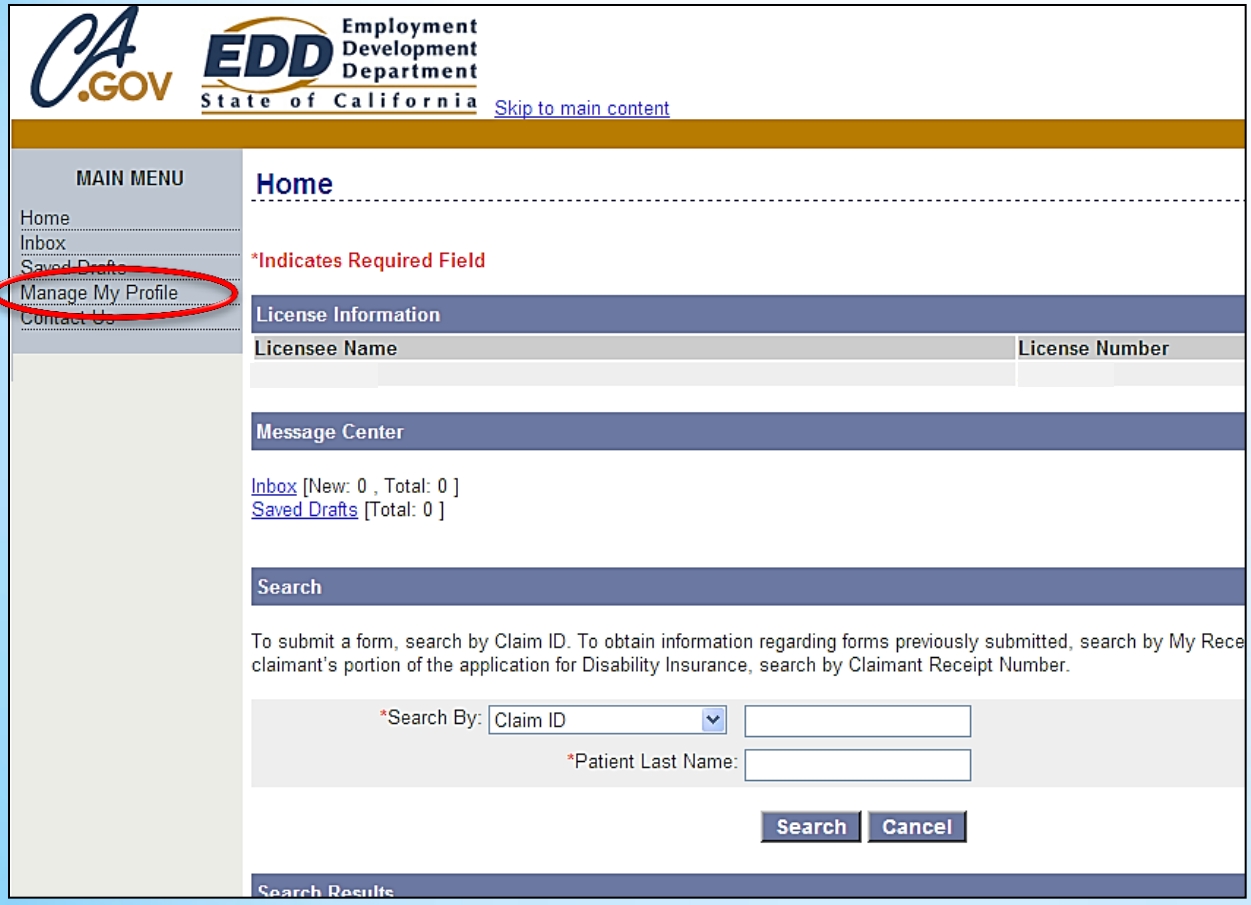
Note: Users will need to repeat this process to add all treatment addresses at which they practice.



The user is directed to the **Treatment Address** screen.

- Once the treatment addresses are added, they will display on this screen.
- Users can select the **Modify** or **Delete** link to manage their treatment addresses.

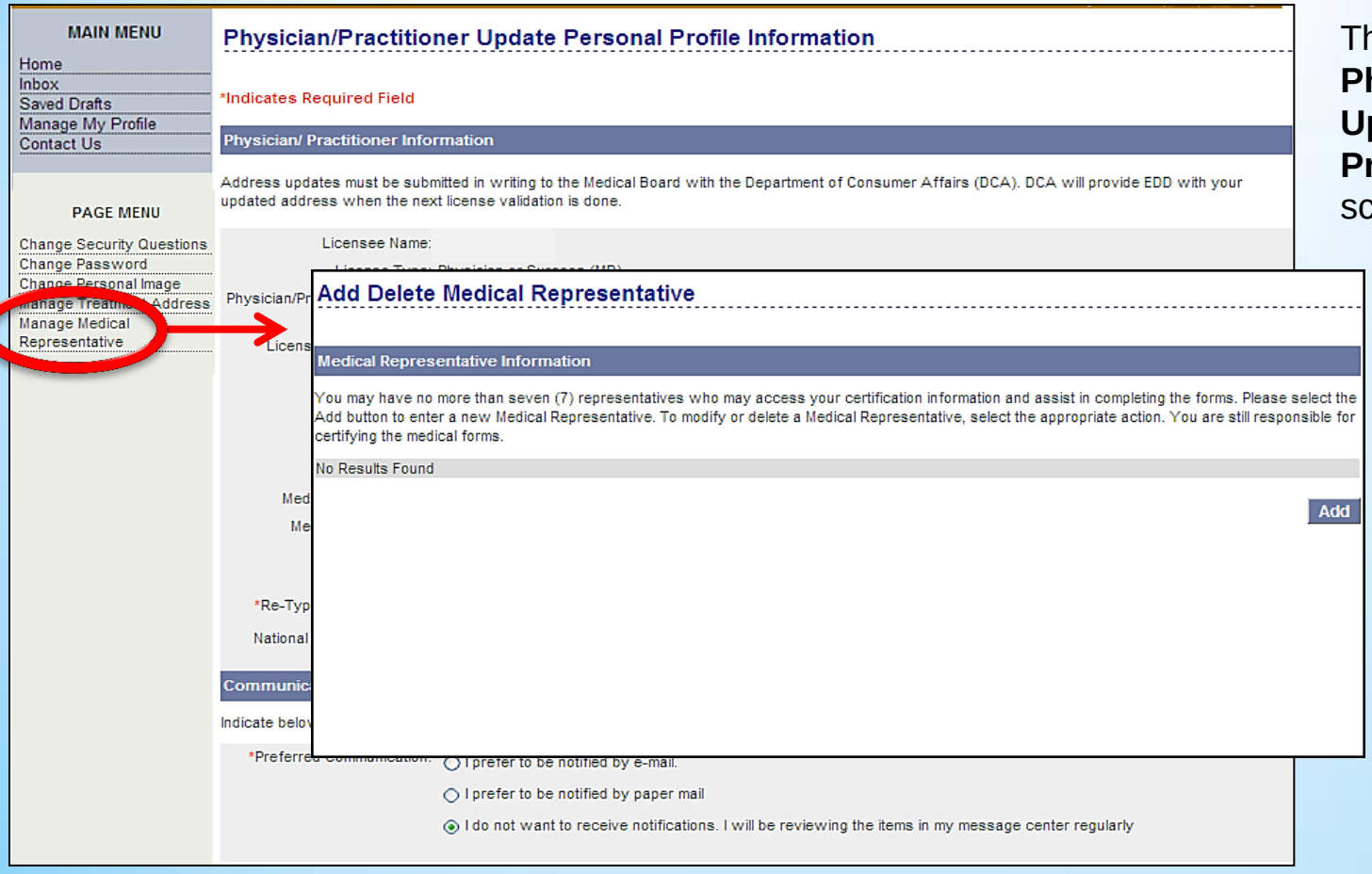
Assign a Medical Representative



Medical representatives can complete and submit forms on behalf of the registered physician/practitioner once they have been added to the account.

To add a medical representative, from the **Home** screen:

- Select **Manage My Profile** under the Main Menu.

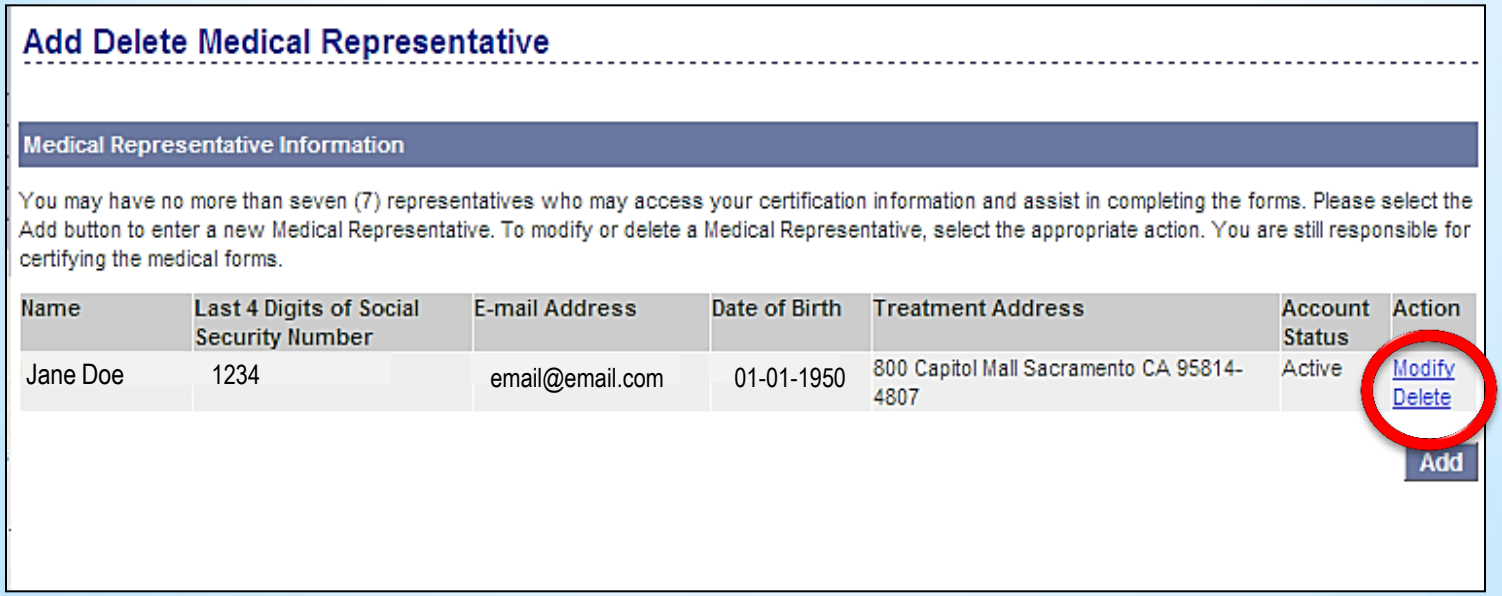


The **Physician/Practitioner Update Personal Profile Information** screen appears.

- Select **Manage Medical Representative** from the Page Menu.
- From the **Add Delete Medical Representative** screen, select the **Add** button.

On the **Add Modify Medical Representative** screen:

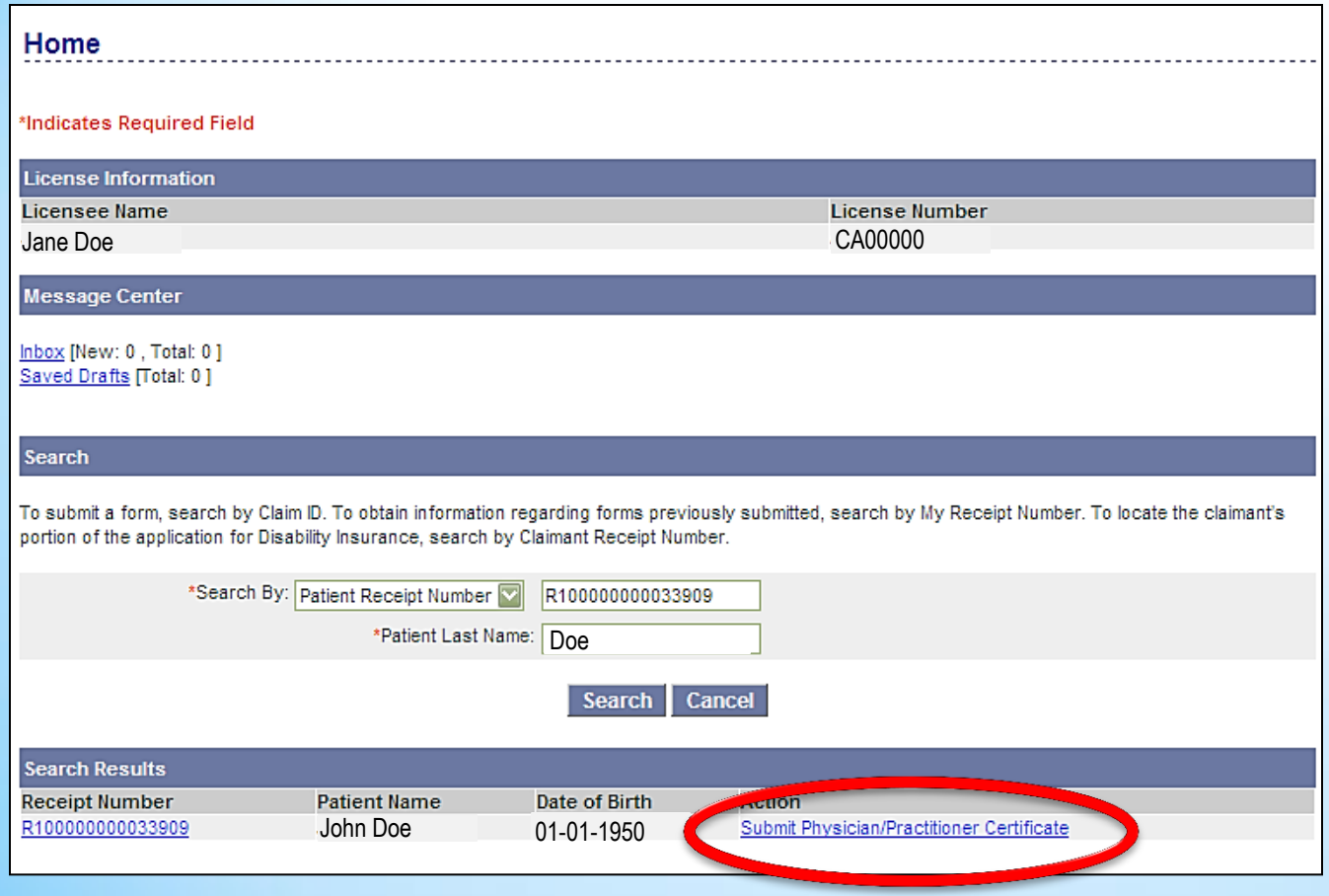
- Complete all required fields.
- User will need to select a treatment address where the representative will be providing treatment.
- Select **Save**.



Once the medical representatives are added, they will display on the **Add Delete Medical Representative** screen.

- Users can select the **Modify** or **Delete** link to manage their added representatives.

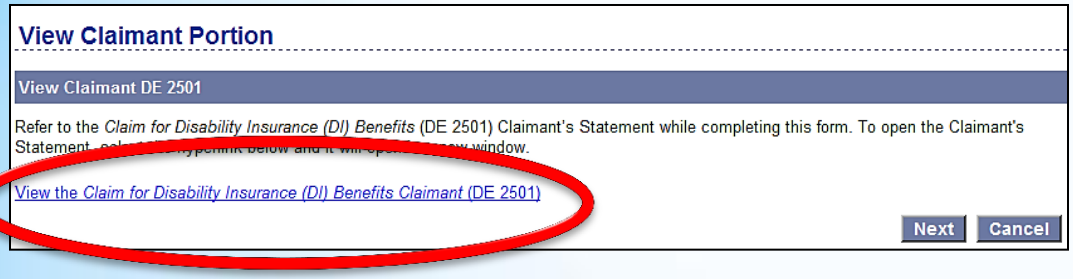
Submit a DE 2501 Part B – Physician/Practitioner Certificate



Note: if the Certificate is already submitted by another user (i.e., medical representative), the **Submit Physician/Practitioner Certificate** link will not be available.

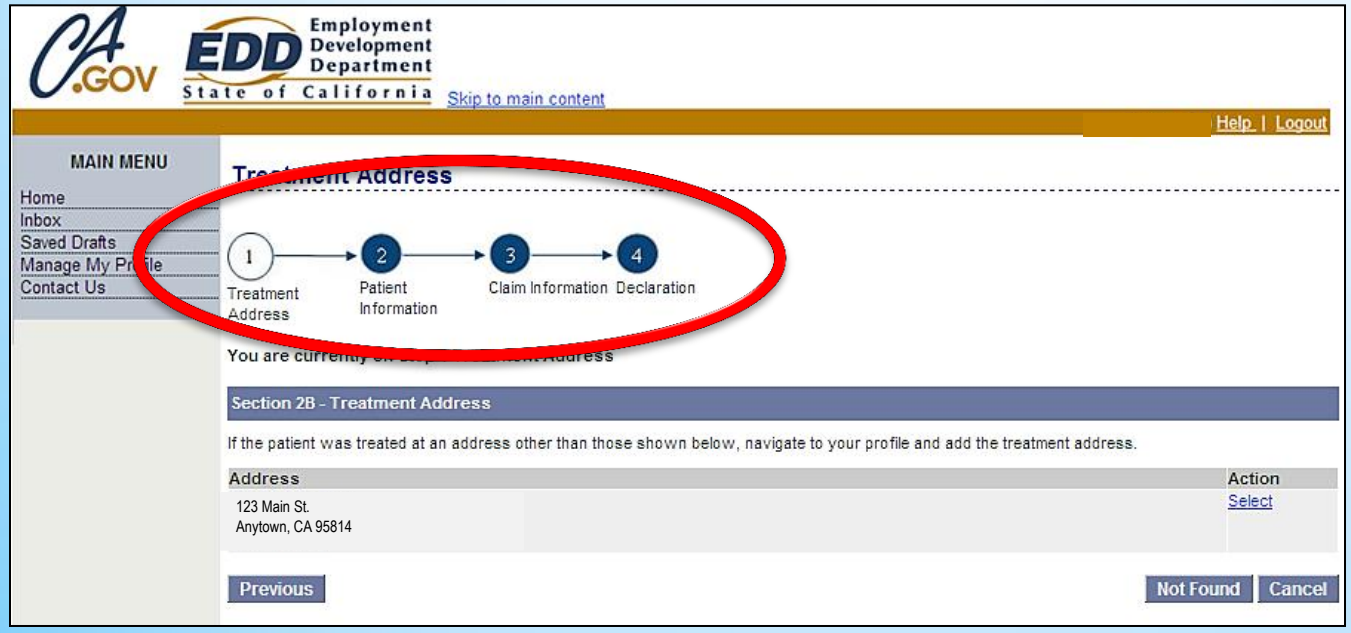
To submit a DE 2501 Part B – Physician/Practitioner Certificate:

- Search by "Patient Receipt Number" and patient last name.
- Verify the information in the Search Results section matches the claimant's records.
- The **Receipt Number** link will allow the user to view what the claimant submitted on their portion of the DE 2501 Part A - Claimant Statement.
- Select **Submit Physician/Practitioner Certificate** under the Action column.

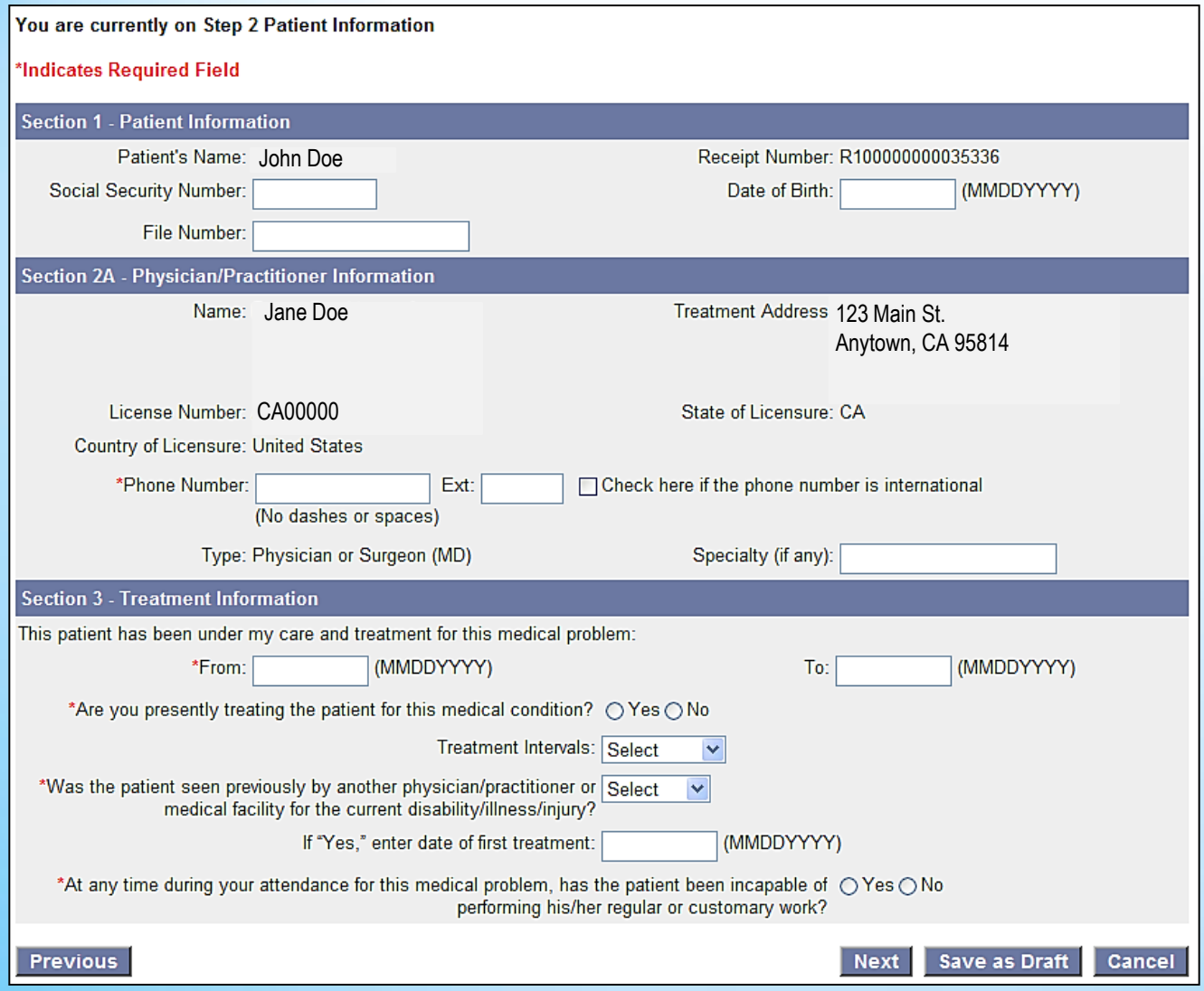


You will first be taken to the **View Claimant Portion** screen:

- The link allows the user to view the claimant portion of the form.
- Once the user selects **Next**, they will begin completing the certificate.

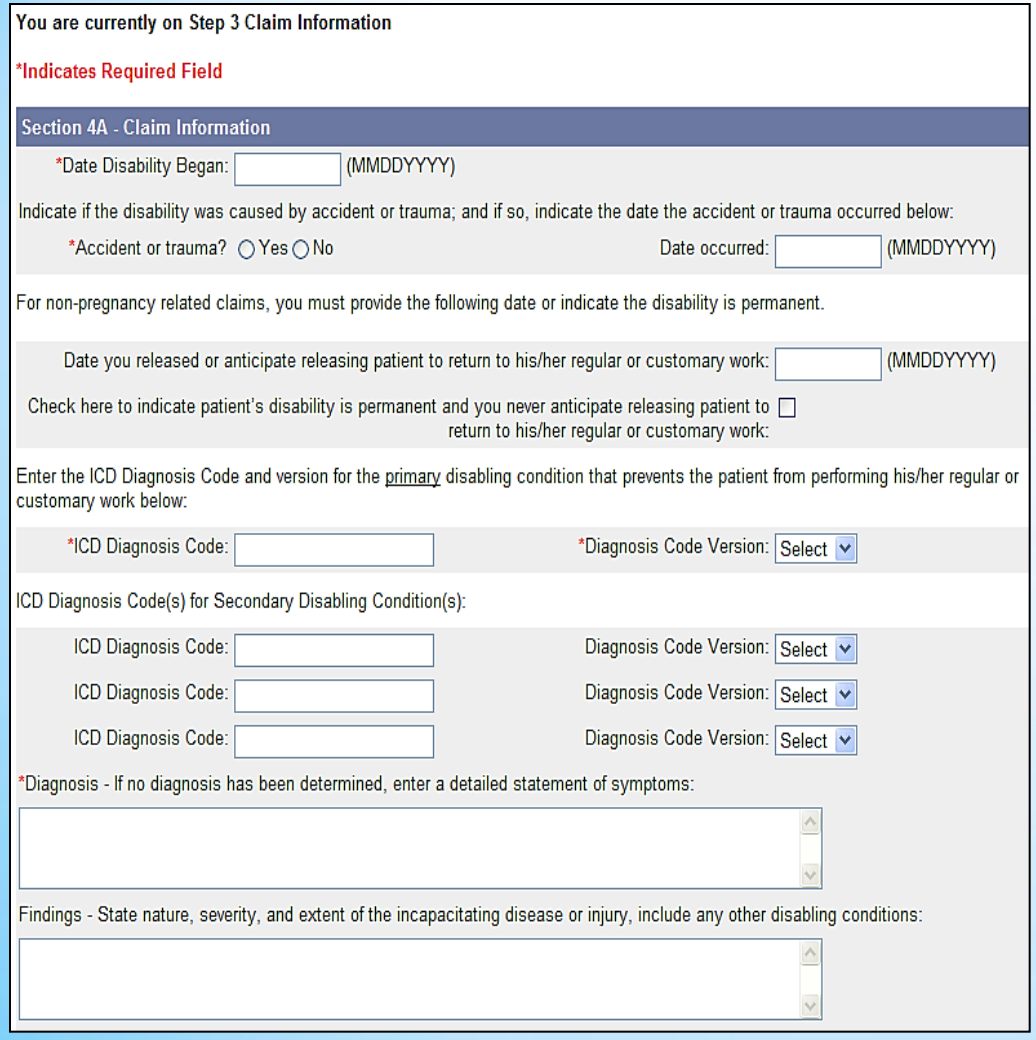


- To begin the certificate, select the treatment address of where the patient is being treated.
- When the user is submitting a form, there will be a number of bubbles at the top of the page to indicate the step the user is on at any given moment.
- Each step will have a title to indicate the section the user is in.



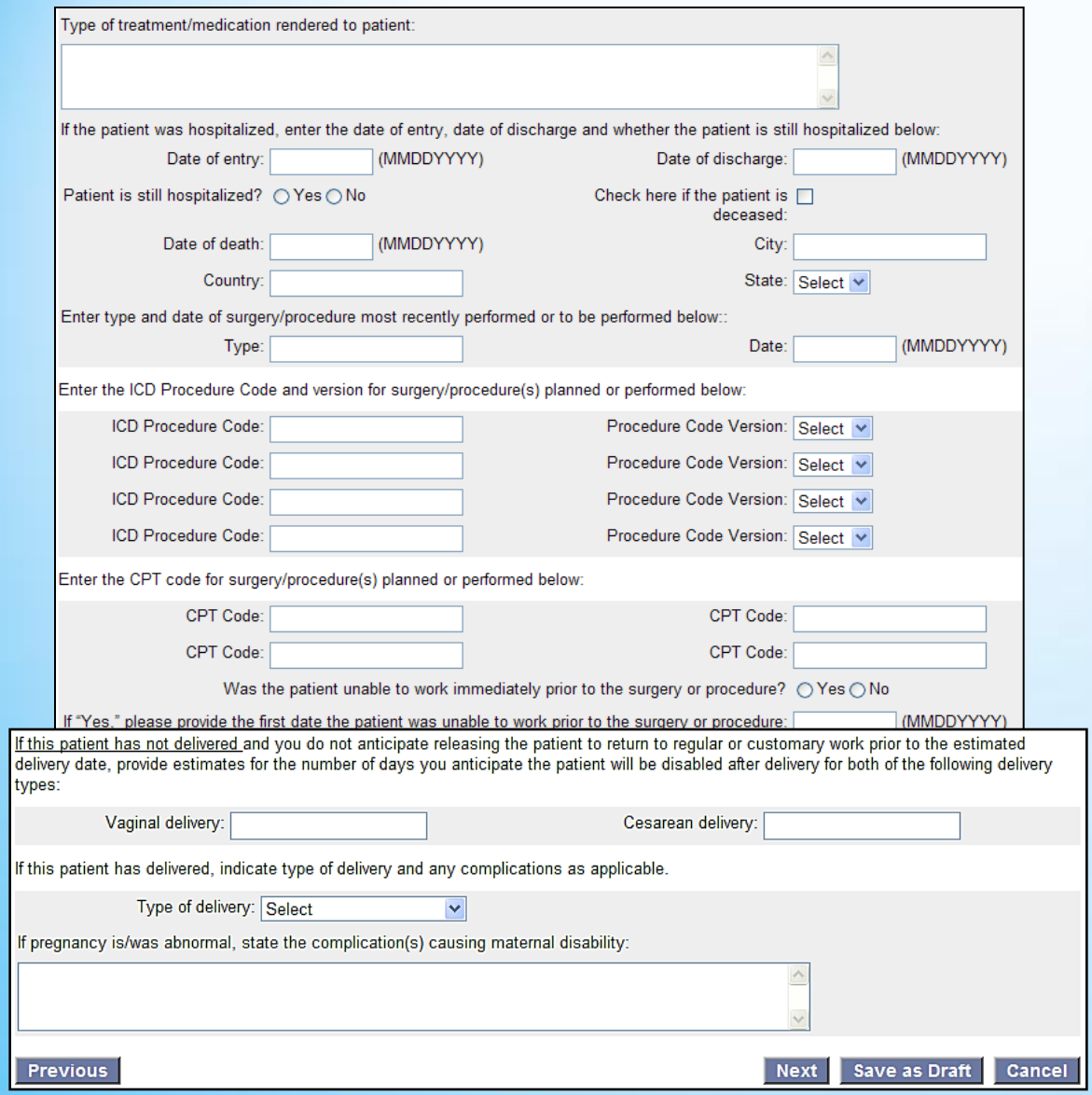
When completing the initial claim form:

- Users can select the **Save as Draft** button at any time.
- **Do not use the Back button on the browser**. If the user needs to go to a previous screen, select the **Previous** button.
- There are several mandatory fields that must be completed before the form can be submitted. These fields contain a red asterisk.



When completing the initial claim form:

- SDI Online will accept valid ICD 9 and ICD 10 codes.
- If the patient's disability is diagnosed as permanent, the user should still provide a date in the "Date you released or anticipate releasing patient to return to his/her regular customary work" field.
  - Example: If the disability is permanent, enter a date in the far future, such as 01-01-2050.

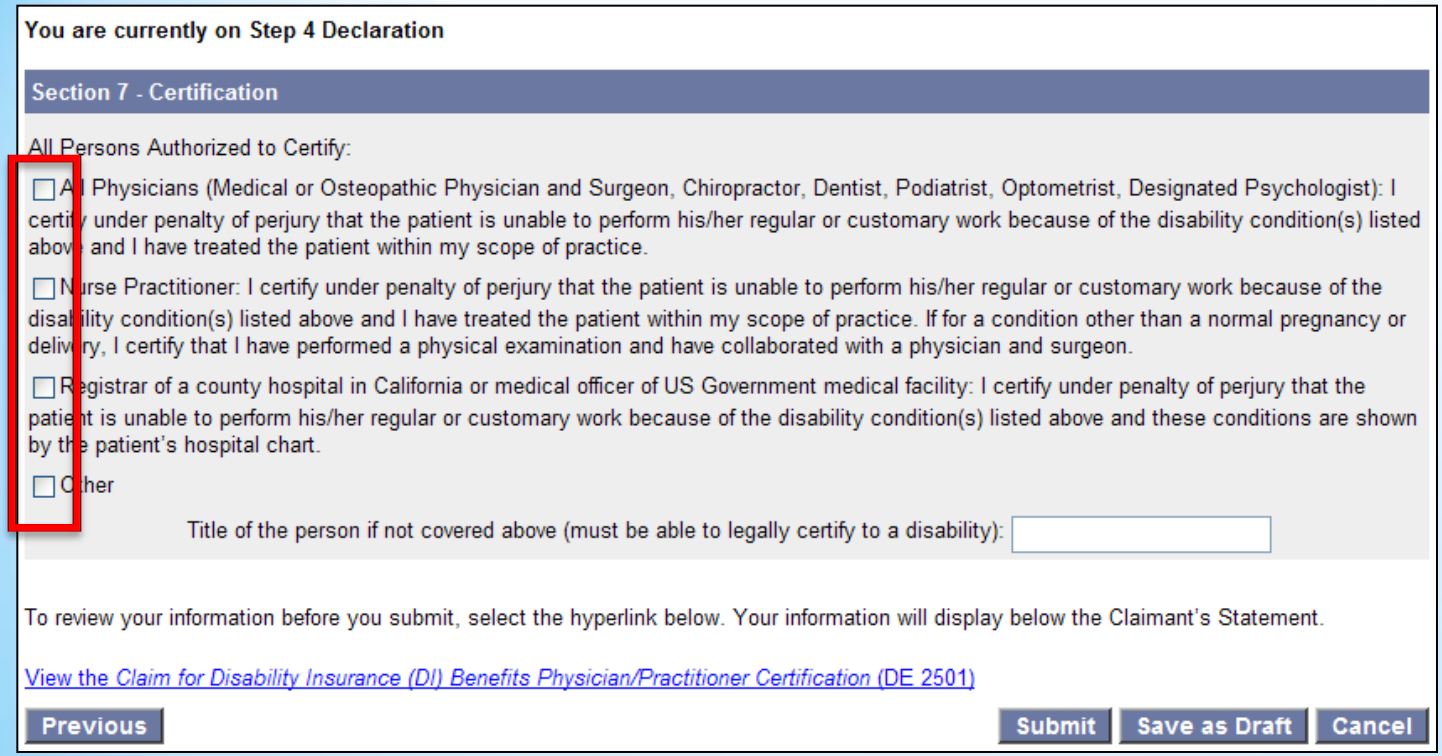


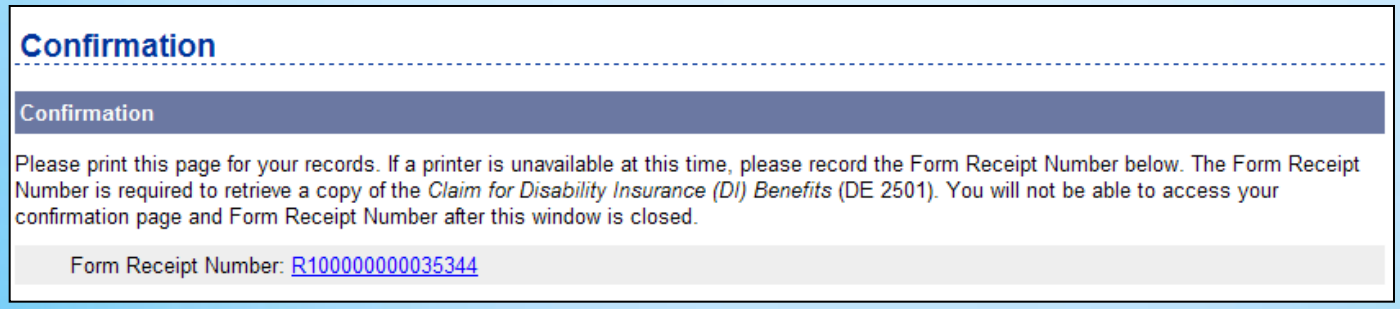
Physicians/practitioners can provide an estimated number of days they anticipate the patient to be disabled postpartum.

- Example: If the doctor is allowing the claimant 6-8 weeks of postpartum disability, depending on the delivery type, then:
  - Enter the number 42 in the Vaginal Delivery field (6 weeks x 7 days a week = 42)

  AND
  - Enter the number 56 in the Cesarean Delivery field (8 weeks x 7 days a week = 56).

Once the **Next** button is selected, if there is anything to be verified the system will prompt the user.





Certifying for the disability:

- Once the form is completed, the user will need to select the option in Section 7 – Certification that best describes their role.
- Before submitting the form, the user will have the option of viewing the form by selecting the link at the bottom of the page.
- Once the form is submitted, the user will be taken to the **Confirmation** screen to get a Form Receipt Number.

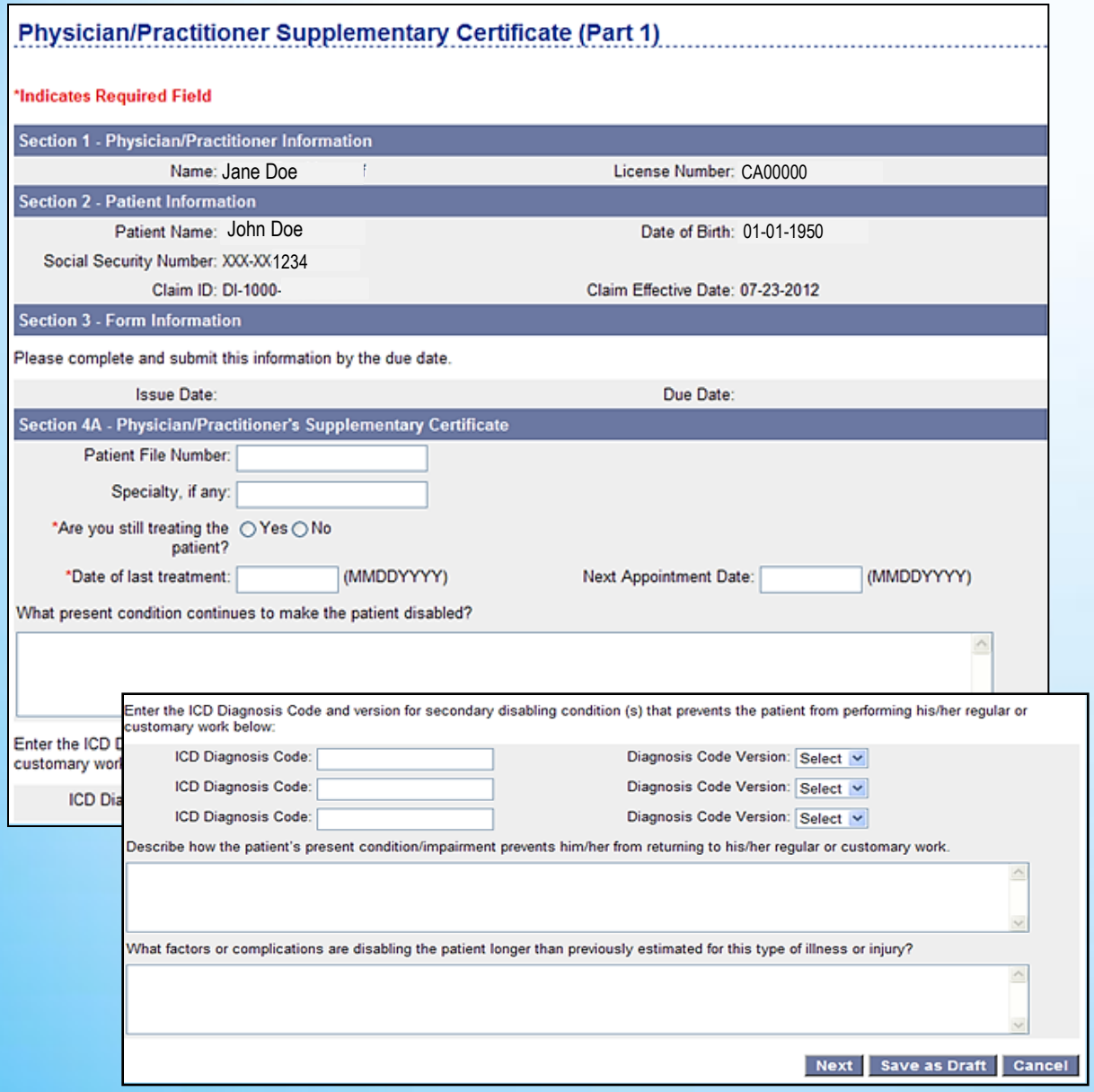
Submit a DE 2525xx Supplementary Certificate to Continue Benefits

To submit a Supplementary Certificate:

- Search by "Claim ID" and patient last name.
- Verify the claimant information in the Search Results.
- Select the **Claim ID** to view the claim information.

Claim information is on the Claim Summary screen.

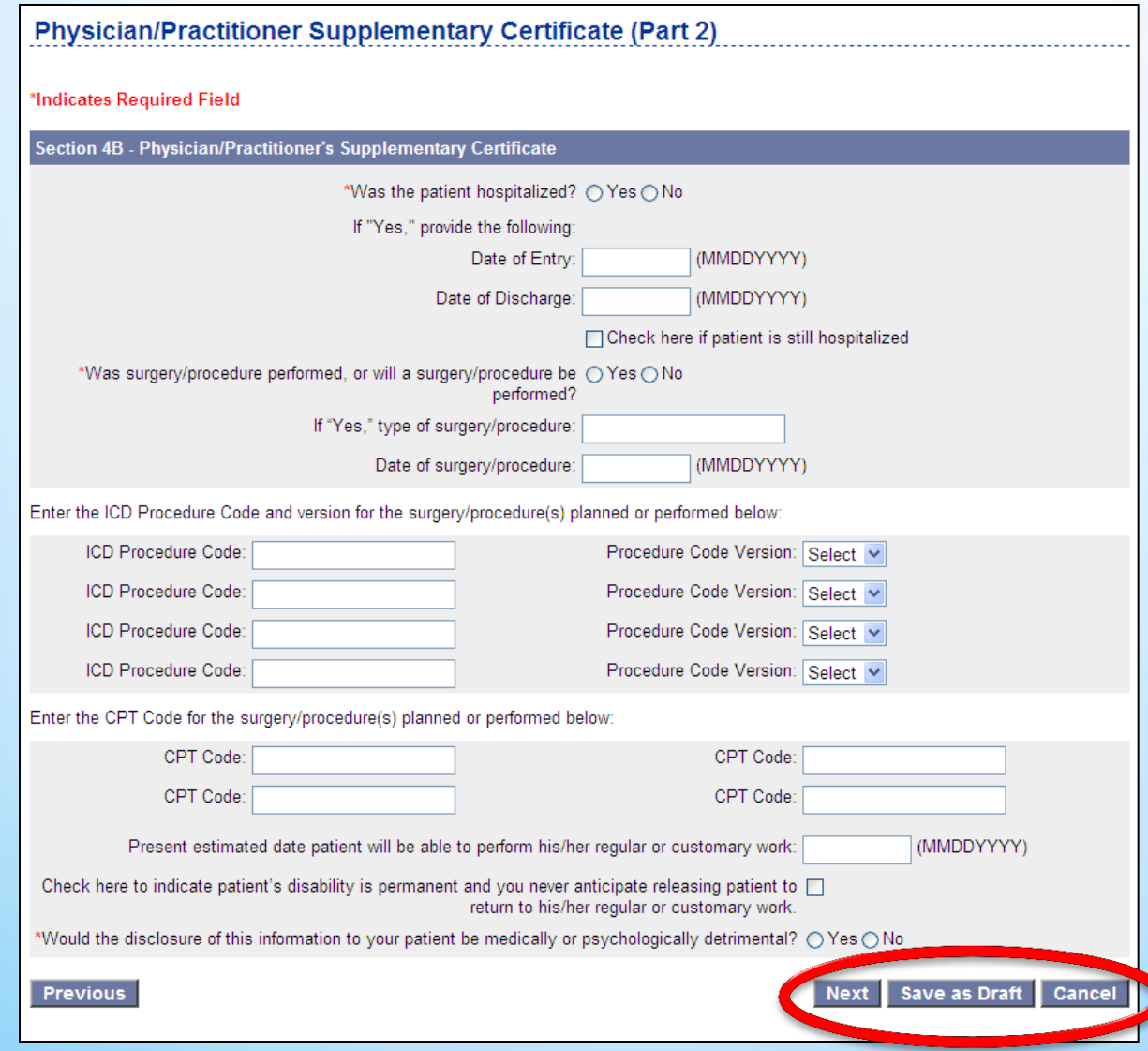
- Under the My Forms Available section, the user will be able to view all available medical forms to submit for the claimant.
- Select the form you want to complete.



The selected form appears.

- Enter the data requested and continue to the following screen by selecting the **Next** button.
- Or use the **Save as Draft** button to save the data and return to complete the form later.

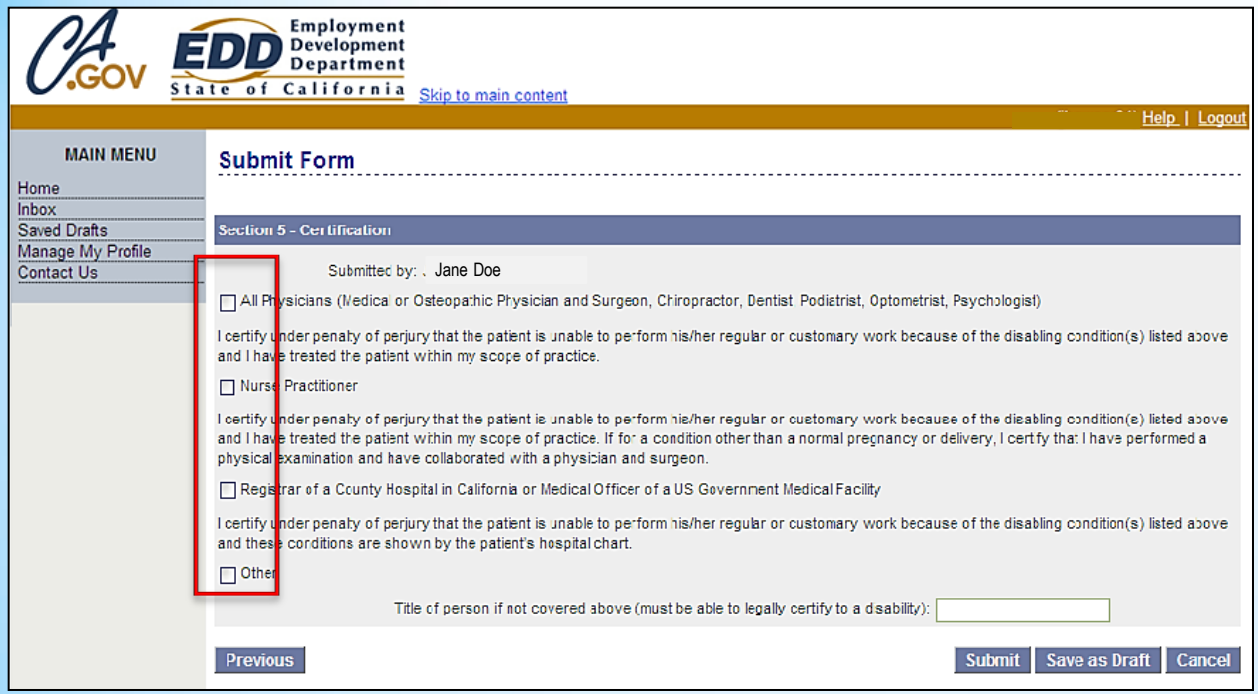
Mandatory fields are indicated with a red asterisk.



Continue entering information as appropriate.

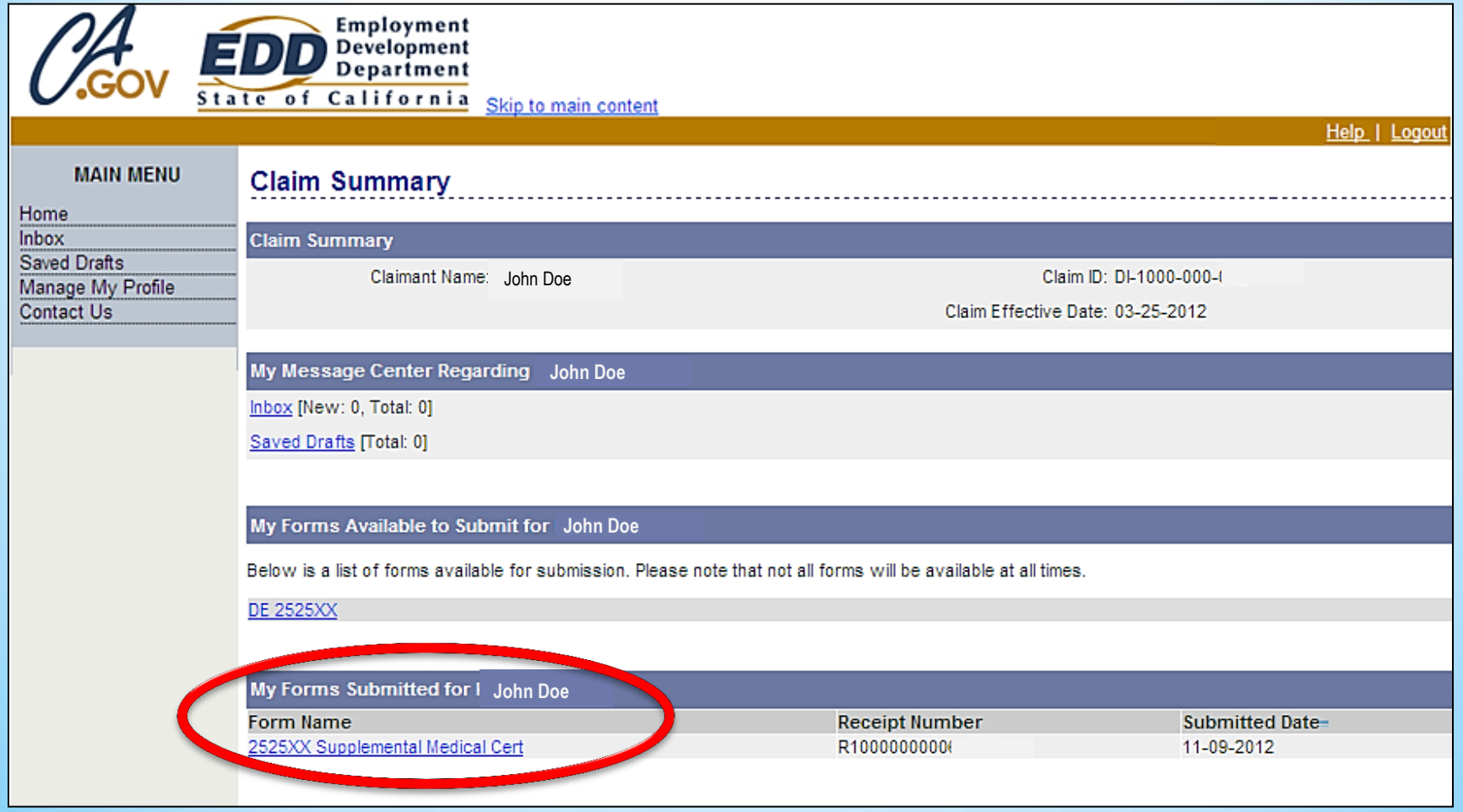
Every page will have the option to **Save as Draft**.

Or select **Next** to continue completing the form.



To submit the form, select the certification type and the **Submit** button.

- The user will be taken to the **Confirmation** page and provided with a Form Receipt Number.



On the **Claim Summary** page:

- All forms submitted by the user will appear in the My Forms Submitted section.

Visit www.edd.ca.gov for more information about State Disability Insurance.

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-800-480-3287 (voice), or TTY 1-800-563-2441.